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## Editorial

# Complications of Common Paediatric and Child Health Problems

Picky eating, accidental ingestion of toxic substances, and pneumonia are common paediatric and child health problems that we encounter frequently in clinical practice. However, serious complications can develop from these problems such as vitamin deficiency, myocardial injury and oesophageal stricture respectively. They must be recognised and managed properly to avoid unfavourable consequences. On the other hand, more and more patients seek a combination of Western and Traditional Chinese Medicine treatments, how to scientifically evaluate the effects of such approach requires standardised methodology. That is what we can learn from our original articles in this issue.

Picky eating habit is a common problem among young children and it is associated with authoritative parenting style. The colleagues from Zhejiang studied the association of fat-soluble vitamin deficiency and picky eater. Since the measurement of Vit-K subgroups requires liquid-chromatography tandem mass-spectrometry method, that explained why very few reported data on Vit-K2 status previously. The study showed that the rate of Vit-A, Vit-D, and Vit-K2 deficiency among picky eaters was 47.4%, 15.49%, and 39.43%, respectively. However, when they looked at the weight-for-age z-score (WAZ), height-for-age z-score (HAZ), and BMI-for-age z-score (BAZ), there was no association between these parameters with fat soluble vitamin deficiency. But when looking at the subgroup of patient with severe deficiency of Vit-K2, it is significantly correlated with stunting growth. It is hard to make a statement on the cause and consequence issue, but more attention should be drawn on the Vit-K status for it is not only involved in coagulation but also many other functions such as bone mineralisation, insulin sensitivity, inhibit vascular calcification, antioxidant, etc.

Kalaycik Sengul O, et al identified 313 children who ingested corrosive agent within one-year period, and 176 fulfilled the recruitment criteria were studied. As expected, 90% of them were young children below 5-year-old and infant account for 51% of all cases. All children suffered of oesophageal damage had ingested alkaline agents and none of those who took acidic agents had esophagitis or oesophageal stricture. The classical teaching is that acids induce superficial coagulation necrosis and thus prevents deeper tissue penetration. In addition, acid has less surface tension and rapidly pass to the stomach, leading to more gastric than oesophageal injuries. The author also mentioned that acid has pungent smell, bad taste and cause severe burning pain. Therefore, only small volume is taken usually. On the contrary, alkaline are usually colourless and relatively tasteless. Alkaline induces liquefactive necrosis and saponification, resulting in deep penetration of tissue quickly. Due to stronger surface tension and stay in the tissue for a

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longer period, alkaline ingestion can cause more severe complications. The authors propose that endoscopic evaluation is mandatory in children who ingest alkaline agents. But for asymptomatic children who ingest acidic agents, observation is usually adequate.

Severe pneumonia can be life threatening because it does not affect only the respiratory system. In 408 children with severe pneumonia reviewed by Mei Y, et al, 50 (12.3%) had a concomitant myocardial injury. Patients who met 2 or more of clinical criteria or with CKMB >25 U/L or significant organic changes in echocardiography were defined to have myocardial injury. Comparing with those without myocardial injury, the myocardial injury cohort was associated with younger age, hypoxaemia, hypokalaemia, hypoproteinaemia, and respiratory failure. From the laboratory aspects, lower pH, PaO<sub>2</sub>, HCO<sub>3</sub><sup>-</sup> and higher levels of procalcitonin, CRP, VEGF, and Cystatin C were independent risk factors. These clinical characteristics and related serological markers suggested multi-organs damage and should alert the clinicians to pay attention to myocardial damage so more optimal ventilatory support and fluid management should be given.

Many parents in Hong Kong and China believed in both Western Medicine and Traditional Chinese Medicine (TCM) when their children are sick. It accounts for around 42% of my patients in a survey done in 90's (unpublished data). The situation is expected to be even more common after TCM practitioners were granted a registered status locally since 1997. To understand the effects and side effects of TCM, also its interaction with Western drugs for some common childhood disorders. Using a standard scientific method to study them properly is essential. In a systematic review on abdominal Henoch-Schoenlein purpura, Tong J, et al utilised Core Outcome Measures in Effectiveness Trials (COMET) guidelines for core outcome set development. A Delphi expert questionnaire by summarising relevant literature and semi-structured interview was also performed. Finally, a total of 6 core outcomes set were obtained and this can facilitate the future study. This paper provides a method for us to study the impact of TCM for other childhood illnesses in the future.

For the complications related to common paediatric illnesses reported in this issue, most of them does not require sophisticated tests. It is a matter of awareness so early action can be implemented. That is also true for many other common paediatric disorders. More prospective study should be performed with preventive intent so we can minimise the occurrence of these complications.

**GCF CHAN**  
**Chief Editor**

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